

# **Quarterly Member Services Report**

## **Quarter 3 Fiscal Year 2008**



Arizona Department of Health Services  
Division of Behavioral Health Services  
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## INTRODUCTION

The Quarterly Member Services Report presents a distribution and analysis of complaints for Title XIX/XXI members receiving behavioral health services in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system of care.

## DEFINITION:

An expression of dissatisfaction with any aspect of care, other than the appeal of actions.

## METHODOLOGY

Complaints are received by ADHS/DBHS through two reporting mechanisms:

### 1. ADHS/DBHS CUSTOMER SERVICE UNIT

- Complaints received by the ADHS/DBHS Customer Service Unit are referred to the RBHA in which the member is enrolled.

### 2. REGIONAL BEHAVIORAL HEALTH AUTHORITIES (RBHAs)

- RBHAs have systems in place to receive complaint calls directly from the member and through referral by ADHS/DBHS.
- Complaints may be initiated by eligible and enrolled members, member families, legal guardians, stakeholders (such as the Governor's Office) and Regional Behavioral Health Authorities.

Complaint Categories are standardized by ADHS/DBHS. The seven complaint categories are:

- Access to Services
- Clinical Decisions Related to Services
- Client Rights
- Coordination of Care
- Customer Services
- Financial
- Information Sharing

Data is tracked and trending by:

- Population: Adult (SMI, GMH and Substance Abuse) and Child
- Age Group: Under 18, 18-20, 21 and over
- Treatment Setting
- Covered Service Category

## Data Limitations

There are no known data limitations for complaint analysis in Q3, Fiscal Year 2008 (FY08).

## Adult Complaints

Of the 881 total complaints lodged by Adults this reporting quarter, 87% fell into the following three categories: Clinical Decisions Related to Services, Customer Services and Access to Services. Further analysis of these complaint categories indicated that the majority of complaints filed related to the following sub-categories and covered services:

### Clinical Decisions Related to Services:

- Assessment/Service Plan Content* is the sub-category receiving the largest number of Clinical Decisions related complaints. This sub-category captures complaints pertaining to the types, frequency and intensity of covered services provided to the member as outlined in their comprehensive assessment and service plan.

- *Support Services* is the covered service category most often related to these complaints, lodged at a rate of 36%. *Support Services* include the following covered services:
  - Case Management
  - Personal Care Services
  - Home Care Training (Family Support)
  - Peer Support
  - Unskilled Respite Care
  - Supported Housing
  - Sing Language/Oral Interpretive Services
  - Flex Funds
  - Transportation
  - Therapeutic Foster Care Services

As reported in Q208, ADHS/DBHS has targeted improvement efforts toward assessment and service plan development and maintenance, including quarterly chart reviews, the development of treatment planning and assessment supervision tools and increased training of front line staff. Currently, proposed revisions and updates to the comprehensive assessment are out for review and public comment before implementation by ADHS/DBHS.

#### **Customer Services:**

- *Other, No Rights Violation* contributed 43% of all Customer Services complaints in Q308. This sub-category captures generalized complaints that do not constitute a rights violation, including member complaints of rude treatment by front office/provider staff.
- *Support Services* is the covered services category garnering the largest number of Customer Services Complaints (see above for a list of Support Services).

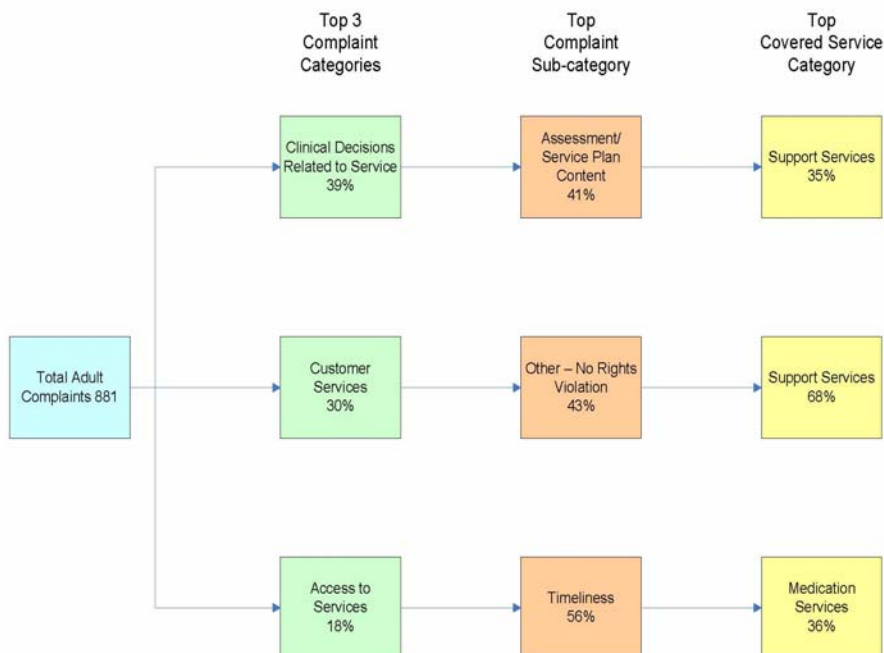
As the sub-category *Other, No Rights Violation*, does not drill down to the disposition of the original complaint, it is under review for revision by the ADHS/DBHS/RBHA Member Services Workgroup.

#### **Access to Services:**

- The sub-category *Timeliness* contributed a total of 56% of Access to Services complaints. Magellan contributed 66% of *Timeliness* complaints for Adults this reporting quarter. This sub-category captures complaints pertaining to services did not occur within a required timeframe.
- *Medication Services* were the most frequently cited covered services category pertaining to Access to Services. *Medication Services* include the following covered services:
  - Laboratory, Radiology and Medical Imaging
  - Medical Management
  - Electro-Convulsive Therapy

The rate of complaints pertaining to *Medication Services* reported this quarter are consistent with Magellan member reports of timely medication management appointment problems. Magellan has identified the increase in *Timeliness* complaints as occurring due to barriers to new SMI members receiving timely case management and initial medication services appointments at the Direct Care Clinics. Magellan has instituted performance improvement plans at these service sites to address this issue and provides ADHS/DBHS monthly updates on the status of the interventions.

Q308 Adult Complaints  
Statewide by Complaint Category, Sub-category, and Covered Service Category



## Child Complaints

Of the 156 Child complaints filed in Q308, 83% fell into the following three complaint categories: Clinical Decisions Related to Services, Access to Service and Customer Services. Further analysis of these complaint categories indicated that the majority of complaints filed related to the following sub-categories and covered services:

### Clinical Decisions Related to Services

- *Assessment/Service Plan Content* contributed 63% of this category's complaints. See Adult analysis for this sub-category's definition.
- *Treatment Services* is the covered services category most frequently cited in conjunction with Clinical Decisions Related to Services Complaints. This covered services category includes the following services:
  - Counseling and Therapy
  - Assessment, Evaluation and Screening Services
  - Other Professional

The Assessment/Treatment Plan Workgroup described in the previous section will be addressing concerns related to this topic for the Child population as well. The ADHS/DBHS Children's System of Care/Network Department monitors network sufficiency in each of the RBHAs as it pertains to the availability and provision of treatment services to the Child population.

**Access to Services:**

- *Timeliness* is the sub-category contributing 60% of this complaint category's calls in Q308. As with the Adults, Magellan contributed 64% of Access/Timeliness calls. See Adult analysis for this sub-category's definition.
- *Treatment Services* were again cited most frequently for this complaint category this reporting quarter.

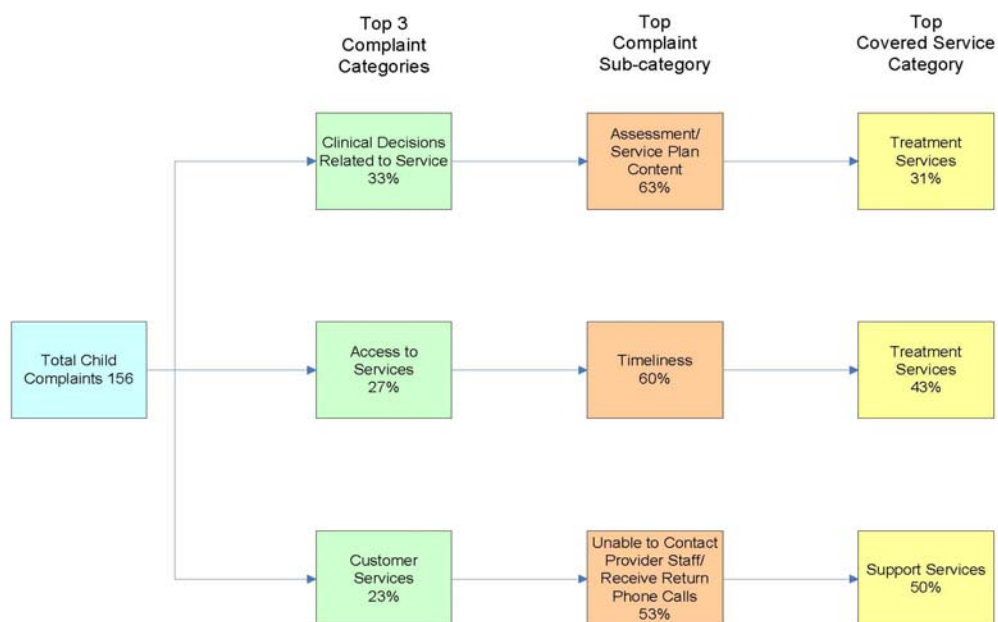
This data set should be interpreted with caution, as the "N" for this category totaled only 42 complaints statewide. However, Magellan has instituted a Customer Service/Complaint Corrective Action plan, which includes interventions to increase oversight and monitoring of Child complaints initiated at the Child PNOs and reports interim monitoring findings to ADHS/DBHS quarterly.

**Customer Services**

- *Unable to Contact Provider Staff/Receive Return Phone Calls* remains the highest ranking sub-category for children as related to Customer Services.
- *Support Services* is the covered services category most frequently cited in relation to child Customer Services complaints in Q308. Please see Adult analysis for a complete list of services captured in this covered services category.

ADHS/DBHS referred the ongoing Customer Services issue to the QM Committee, Greater Arizona Team and RBHA QM/Customer Services managers. All RBHAs provided interventions to address the lack of return phone calls and improve customer services skills to ADHS/DBHS in their Member Services Reports, indicating activities such as Customer Services Workgroups, Secret Shopper Calls, and training and ongoing customer services meetings.

Q308 Child Complaints  
Statewide by Complaint Category, Sub-category, and Covered Service Category



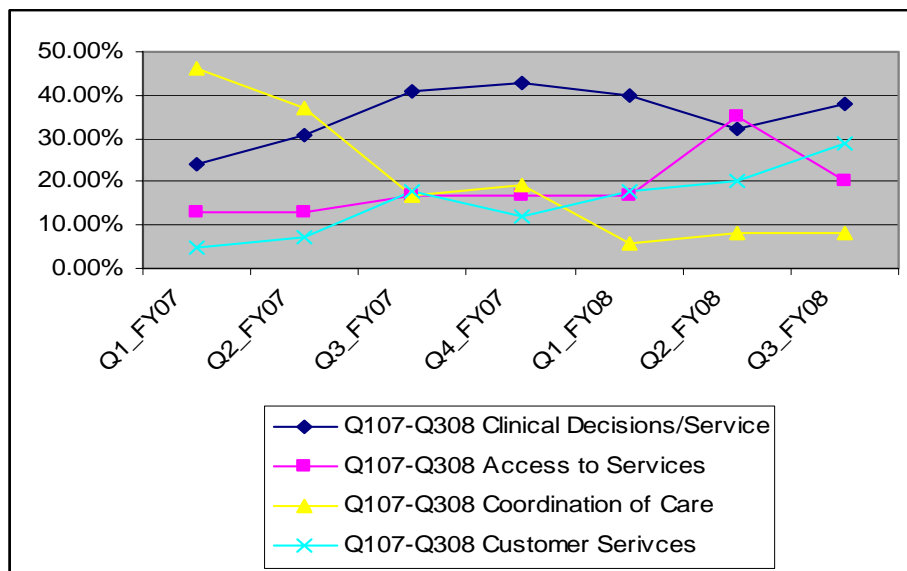
## Complaint Trends

The following table displays the top complaint trends for both Adults and Children over the last seven data points. As evidenced below, the most frequently occurring complaint category is Clinical Decisions Related to Services. This data is corroborated by other QM data feeds, such as the Annual Consumer Survey and quarterly chart reviews. As such, ADHS/DBHS has revised the core assessment, which is currently out for review and public comment; is developing a comprehensive training and supervision module for clinicians and supervisors conducting assessments and service planning and has commenced the Member Services Workgroup to better operationalize this complaint category definition and sub-categories to allow for more accurate analysis of complaints.

Coordination of Care complaints have consistently decreased in frequency since Q407. This decrease is applicable to CBH AZ, which was the outlier RBHA for this complaint category in FY07. Upon recognition of a pharmacy eligibility issue with its PBM and subsequent corrective action and monitoring of this process, CBH AZ members were able to access their medications and complaint numbers lodged in this complaint category dramatically reduced.

While Access to Services complaints consistently appear in the top complaint categories, Q208 evidenced a noticeable increase. The increase was applied to Magellan, as reported above and in the Q208 Member Services Report. Improvement activities implemented by the Contractor at the Direct Service Clinics appear to be affecting their rate of complaints in this category and will continue to be evaluated for long term implications.

Customer Services complaints have steadily increased over FY08, replacing Coordination of Care in the trend rankings. The causative factors in this increase are the number of complaints reporting general dissatisfaction with customer services as well as member reports of not receiving return phone calls from provider staff. The commencement of actions implemented by the RBHAs to improve customer service skills will be monitored for a positive or stabilizing affect on this complaint category.



## COMPLAINT RESOLUTION

This section discusses the resolution rates inclusive of Adult and Child members of all program types ADHS/DBHS encourages complaints be resolved at the lowest level possible, striving for resolutions that meet to the complainants satisfaction. The RBHAs have 90 days from receipt of the complaint for resolution.

### Statewide Complaint Resolutions by Complaint Category, Q308

| Resolution                         | Access To Svc | Client Rights | Clinical Decisions Related to Svcs | COC       | Customer Services | Financial | Information Sharing | Total       |
|------------------------------------|---------------|---------------|------------------------------------|-----------|-------------------|-----------|---------------------|-------------|
| Closed with POC                    | 3             | 0             | 1                                  | 1         | 2                 | 0         | 0                   | 7           |
| Closed w/out Merit                 | 4             | 1             | 0                                  | 0         | 2                 | 0         | 0                   | 7           |
| Pending                            | 35            | 7             | 77                                 | 12        | 53                | 1         | 0                   | 185         |
| Referred to other Agency           | 0             | 0             | 1                                  | 0         | 0                 | 0         | 0                   | 1           |
| <b>Resolved</b>                    | <b>159</b>    | <b>13</b>     | <b>286</b>                         | <b>69</b> | <b>227</b>        | <b>16</b> | <b>10</b>           | <b>780</b>  |
| Resolved w/out Client Satisfaction | 2             | 1             | 9                                  | 2         | 8                 | 1         | 0                   | 23          |
| Transferred to OGA                 | 1             | 3             | 17                                 | 1         | 6                 | 2         | 1                   | 31          |
| Referred to Appeal Process         | 0             | 1             | 1                                  | 0         | 1                 | 0         | 0                   | 3           |
| <b>Total</b>                       | <b>204</b>    | <b>26</b>     | <b>392</b>                         | <b>85</b> | <b>299</b>        | <b>20</b> | <b>11</b>           | <b>1037</b> |

\*Resolution Categories with no complaints are not reflected in this table.

Of the 1,037 total complaints received in Q308, 780 or 76% were resolved within the reporting quarter, typical of resolution timeframes as reported over FY07 to Q308. A review of FY08 resolution data indicates no trend in the remaining complaint resolution categories at this time.

## STATEWIDE APPEALS

This section discusses the statewide Arizona Health Care Cost Containment System (AHCCCS) appeals rates for TXIX members in Q308. Appeals data is collected by the ADHS/DBHS Office of Grievance and Appeals (OGA).

## DEFINITION

ADHS/DBHS defines an appeal as a request for review of an action. *Action* is defined as:

- The denial or limited authorization of a requested service, including type and level of service;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or part, of payment for a service;
- The failure to provide a service in a timely manner;
- The failure of a contractor to act within the time frames for service as indicated contractually; or
- For an enrollee residing in a rural area with only one contractor, the denial of an enrollee's request to exercise the right to obtain services outside the contractor's network.

## AHCCCS APPEAL RATES

AHCCCS appeals rates are aggregated and stratified by:

- RBHA
- Program Type
- Issue Description
- Outcome of Appeals

Appeals\* Rates among Title XIX Members by RBHA, Q308

| RBHA      | Number of Appeals |       |       | Rate** |       |       |
|-----------|-------------------|-------|-------|--------|-------|-------|
|           | Child             | Adult | Total | Child  | Adult | Total |
| CBH 2     | 1                 | 0     | 1     | 0.7    | 0.0   | 0.2   |
| CBH 4     | 4                 | 3     | 7     | 1.     | 0.7   | 0.9   |
| CPSA 3    | 1                 | 1     | 2     | 0.8    | 0.3   | 0.4   |
| CPSA 5    | 67                | 18    | 85    | 4.0    | 0.6   | 1.7   |
| Magellan  | 7                 | 6     | 13    | 1.8    | 0.7   | 1.0   |
| NARBHA    | 2                 | 9     | 11    | 0.3    | 0.6   | 0.5   |
| Statewide | 82                | 37    | 119   | 2.5    | 0.6   | 1.2   |

\*AHCCCS Appeal

\*\*Per 1,000

During Q308, ADHS/DBHS OGA documented a total of 119 appeals for TXIX members at a rate of 1.2 percent per 1000, a decrease from Q107 (1.4 percent per 1,000). As appeals rates can mirror the increase or decrease in complaint rates, the increase the number of reported complaints filed on behalf of Child members in Q308 is evidenced in the increase of reported appeals for this population this reporting quarter, from 51 filed in Q208 to 82 in Quarter 3. Appeals filed on behalf of Child members remains the outlier for the increase or decrease in appeals rates from FY07. Appeals for this population are related



primarily to denial of out-of-home placements, particularly residential treatment centers, and are originated by system partners as opposed to caregivers or families.

## ISSUE DESCRIPTION

The following table displays the distribution of Q308 appeals by Appeal Issue Description. *Denial of Service* appeals comprised 87% of all appeals filed in Q308, trending downward from Q307 (90 %). Magellan, the Maricopa County RBHA, contributed 66% or 79 total *Denial of Service* appeals this reporting quarter. ADHS/DBHS QM Department shared this data with the ADHS/DBHS Quality Management Committee and OGA for review and action and will present Magellan appeals data at the Magellan Team Meeting and to the ADHS/DBHS Children's System of Care/Network Department.

**Distribution of Appeals among TXIX Members by Issue Description and RBHA, Q308**

| Issue Description                               | RBHA       | Frequency | Percent |
|---|------------|-----------|---------|
| Denial of Claim Payment                         | Cenpatco-2 | 1         | 0.8%    |
| Denial of Service                               | Cenpatco-4 | 6         | 5.0%    |
| Denial of Service Outside Network               | Cenpatco-4 | 1         | 0.8%    |
| Reduction, Suspension or Termination of Service | CPSA-3     | 1         | 0.8%    |
| Timeliness of Service                           | CPSA-3     | 1         | 0.8%    |
| Denial of Service                               | CPSA-5     | 2         | 1.7%    |
| Reduction, Suspension or Termination of Service | CPSA-5     | 8         | 6.7%    |
| Timeliness of Service                           | CPSA-5     | 1         | 0.8%    |
| Denial of Claim Payment                         | Magellan   | 2         | 1.7%    |
| Denial of Service                               | Magellan   | 79        | 66%     |
| Denial of Service Outside Network               | Magellan   | 1         | 0.8%    |
| Reduction, Suspension or Termination of Service | Magellan   | 2         | 1.7%    |
| Timeliness of Service                           | Magellan   | 1         | 0.8%    |
| Denial of Service                               | NARBHA     | 8         | 6.7%    |
| Denial of Service Outside Network               | NARBHA     | 2         | 1.7%    |
| Reduction, Suspension or Termination of Service | NARBHA     | 2         | 1.7%    |
| Timeliness of Service                           | NARBHA     | 1         | 0.8%    |
| Total   |            | 119       | 100.0%  |

## Outcome of Appeals

Table 11 represents the distribution of TXIX appeals by Appeals Outcomes. Per an identified upward trend in the Appeals Outcome, *RBHA Decision Overturned*, from Q2-Q407, this Appeals Outcome category has been further stratified by RBHA and Program Type. The Q308 rate of appeals for this Outcome category decreased from 33% in Q208 to 23%, continuing a downward trend starting in Q207 (49%).

**Distribution of Appeals among Title XIX Members by Outcomes and RBHA, Q308**

| Outcome                   | RBHA       | Frequency | Percent |
|---------------------------|------------|-----------|---------|
| Dismissed, Not an Action* | Cenpatco-2 | 1         | 0.8%    |
| Dismissed, Not an Action* | Cenpatco-4 | 1         | 0.8%    |
| Dismissed, Untimely       | Cenpatco-4 | 1         | 0.8%    |
| RBHA Decision Overturned  | Cenpatco-4 | 1         | 0.8%    |
| RBHA Decision Upheld      | Cenpatco-4 | 3         | 2.5%    |

|                           |             |     |        |
|---------------------------|-------------|-----|--------|
| Withdrawn                 | Cenpatico-4 | 2   | 1.7%   |
| Withdrawn                 | CPSA-3      | 2   | 1.7%   |
| Compromise                | CPSA-5      | 6   | 5.0%   |
| Withdrawn                 | CPSA-5      | 5   | 4.1%   |
| Compromise                | Magellan    | 2   | 1.7%   |
| Dismissed, Not an Action* | Magellan    | 21  | 17.4%  |
| Dismissed, Untimely       | Magellan    | 1   | 0.8%   |
| RBHA Decision Overturned  | Magellan    | 20  | 16.5%  |
| RBHA Decision Upheld      | Magellan    | 28  | 23.1%  |
| Withdrawn                 | Magellan    | 13  | 10.7%  |
| Dismissed, Not an Action* | NARBHA      | 1   | 0.8%   |
| Dismissed, Untimely       | NARBHA      | 2   | 1.7%   |
| RBHA Decision Overturned  | NARBHA      | 6   | 5.0%   |
| RBHA Decision Upheld      | NARBHA      | 2   | 1.7%   |
| Withdrawn                 | NARBHA      | 2   | 1.7%   |
| Total                     |             | 120 | 100.0% |

#### Distribution of "Decision Overturned, RBHA," by RBHA and Population

| Process Description           | RBHA        | Frequency | Percent |
|-------------------------------|-------------|-----------|---------|
| RBHA TXIX/XXI Appeal - Child  | Cenpatico-4 | 1         | 3.7%    |
| RBHA TXIX/XXI Appeal - Child  | Magellan    | 19        | 70.4%   |
| RBHA TXIX/XXI Appeal - Child  | NARBHA      | 4         | 14.8%   |
| RBHA TXIX/XXI Appeal - GMH/SA | Magellan    | 1         | 3.7%    |
| RBHA TXIX/XXI Appeal - GMH/SA | NARBHA      | 2         | 7.4%    |
| Total                         |             | 27        | 100.0%  |

Magellan data indicates the highest rate of Appeals Outcomes by this category, at 70 % of the total appeals for *RBHA Decision Overturned- Child*, indicating an area for increased technical assistance and targeted improvement. However, only 27 total appeals, or 23 percent of all filed appeals, were captured in this Outcome category this reporting quarter.

## Conclusion

ADHS/DBHS utilizes quarterly complaint data to identify system wide areas for improvement and incorporate member feedback into ongoing service delivery. ADHS/DBHS QMO continues to monitor the Covered Services and Complaint Sub-Categories informing the overall complaint rates in order to target improvement efforts to specific RBHAs and their sub-contractors to improve performance statewide. ADHS/DBHS QMO is actively researching industry data to identify standards in complaint reporting and any benchmarks or thresholds to apply in statistical analysis, utilizing data provided by the National Benchmarking Association's Best Practice Roundtable on Complaint Handling Process Benchmarking Study, results of which will be provided to ADHS/DBHS as they are yielded.

Q308 complaint data continued trends identified early in FY08, with little to no change in complaint category/covered services category ranking. Total statewide complaints decreased marginally this reporting quarter, with CBH AZ reporting lower rates of complaints and Magellan reporting slightly higher numbers as compared to Quarters 1 and 2 of this fiscal year. The leveling out of

increasing/decreasing numbers of complaints in the third quarter is consistent with FY06 and FY07 complaint data trends. This reporting quarter evidenced no new outlier category or RBHA affecting complaint data.

ADHS/DBHS QM, along with RBHA representation and members from the functional areas of ADHS/DBHS, commenced a Member Services Workgroup on March 27, 2008. The purpose of this workgroup is to review and streamline the Member Services report; assess the currently used complaint categories and sub-categories for relevance and viability; and ensure accurate and meaningful reporting of complaint data. Proposed changes to the methodologies utilized by ADHS/DBHS and the RBHAs in complaint tracking and trending are currently under review and will be reported to AHCCCS upon identification and completion. ADHS/DBHS QMO is designing a Member Services Report template for use by the RBHAs to mirror ADHS/DBHS' expectations for the consistent analysis and application of complaint data to RBHAs' quality improvement functions.